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PTO/SB/21 (02-04)

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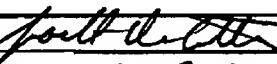
TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM  (to be used for all correspondence after initial filing)	Application Number	09/528,766	
	Filing Date	03/17/2000	
	First Named Inventor	Radue, Martin L.	
	Art Unit	3748	
	Examiner Name	SOLAK, Timothy P.	
Total Number of Pages in This Submission	9	Attorney Docket Number	RP-00679-US1

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Interview Summary
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Copy of Auto-Reply Facsimile Transmission
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b>		
-Copy of documents originally submitted on May 6, 2004		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Jonathan D. CUTLER, Reg. No. 40,576
Signature	
Date	June 3, 2004

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Typed or printed name	Jonathan D. Cutler	
Signature		Date
	June 3/04	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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June 3, 2004

**Bombardier Recreational Products Inc.**

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Telephone 1(450) 461-7700  
Fax 1(450) 461-7833  
[www.brp.com](http://www.brp.com)

Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313-1450

**RE: UNITED STATES PATENT APPLICATION**

**Serial No.:** 09/528,766  
**Title:** RECIPROCATING PUMP EMPLOYING  
REVERSING POLARITY MOTOR  
**Inventor:** RADUE, Martin L.  
**Filing Date:** March 17, 2000  
**Examiner:** SOLAK, Timothy P.  
**Art Unit:** 3746  
**Confirmation #:** 5306  
**Our Ref.:** RP-00679-US1

**INTERVIEW SUMMARY**

Sir:

On June 2, 2004, my colleague Dominic Goudreault contacted Examiner Timothy P. Solak in response to a phone call made to Patrick S. Yoder.

Examiner Solak informed Mr. Goudreault that the documents faxed to the USPTO on May 6, 2004 did not permit reproduction into the USPTO's electronic filing system. The documents in the Examiner's files are mostly black pages.

Therefore, as requested by Examiner Solak, please find enclosed a copy of the documents originally faxed on May 6, 2004. A copy of the Auto-Reply Facsimile Transmission from the USPTO is also enclosed as proof that these documents were indeed submitted on that day.

Serial No.: 09/528,766  
Art Unit: 3746  
Examiner: SOLAK, Timothy P.

We hereby respectfully request that these documents be entered and that the original submission date be retained, as discussed with Examiner Solak.

Please contact the undersigned at the telephone number listed below should you have any questions or require anything further.

Respectfully submitted,

Jonathan D. Cutler, Reg. No. 40,576  
Attorney for the Applicant  
Tel. (450) 461-7700  
Fax (450) 461-7833

## Auto-Reply Facsimile Transmission



TO: Fax Sender at 4504617743

Fax Information

Date Received:

Total Pages:

5/6/2004 3:32:48 PM [Eastern Daylight Time]

5 (including cover page)

**DIVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.**

Received  
Cover  
Page

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TRANSMITTAL FORM		PTO/FX-21 03-04 Agreement for use in Patent, 37 CFR 1.20(c), CSRS 85-1-2003 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE	
(For use in all correspondence after July 1, 1992)		Application Number	10/620,703
		Filing Date	03/12/2003
		First Named Inventor	JAYDE, Keith L.
		Art Unit	3210
		Examiner Name	SOLOV, Tatjana P.
Total Number of Pages in This Document	1	Attorney Docket Number	10400P0001
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> AIA/37 CFR 1.20(c) Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part(s) or Nonfinal Office Action <input type="checkbox"/> Response in Mailed to PTO under 37 CFR 1.32 or 1.33		<input type="checkbox"/> Alterations or modifications to the application or drawings (77) <input type="checkbox"/> Appeal Communication to Board <input type="checkbox"/> Appeal Communication to TC <input type="checkbox"/> Interference, Serial, Novelty Test <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosed (please identify below): PTO-203B	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Name or Individual name	Jonathan D. CUTLER, Reg. No. 40,578		
Signature			
Date	05/06/2004		
CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being lawfully transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage on this date in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	Joel Trembley		
Signature			
Date	May 06, 2004		
This electronic information is required by 37 CFR 1.32 and is to be retained in stock or submitted to the USPTO which is to be used by the USPTO to process an application. Confidentially is guaranteed by 35 U.S.C. 122 and 37 CFR 1.10. This information is subject to 2 hours of review, including generating, searching, and selecting the registered subscriber files in the USPTO. There is no fee for using this function. Any comments on the transmission or mailing of this document should be directed to the Office of the Commissioner for Patents, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FAXES OR COMPUTER FAXES TO THIS ADDRESS. Call TOLL FREE: 1-800-767-3700.			
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	Examiner Name	SOLAK, Timothy P.	
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Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Jonathan D. CUTLER, Reg. No. 40 576		
Signature			
Date	05/06/2004		

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Typed or printed name		Date
Signature		May 06, 2004

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PTO/SB/17 (10-03)

Approved for use through 03/2008. OMB 0651-0032  
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# FEE TRANSMITTAL for FY 200

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$) 1,280
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## Complete If Known

Application Number	09/528,766
Filing Date	03/17/2000
First Named Inventor	RADUE, Martin L.
Examiner Name	SOLAK, Timothy P.
Art Unit	3746
Attorney Docket No.	RP-00679-US1

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number	502 973
Deposit Account Name	Bombardier Rec Prod Inc

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>		<b>0</b>	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims	20	Extra Claims Fee from below	Fee Paid
Independent Claims	3	-20** = 0 X \$0 = \$0	
Multiple Dependent		-3** = 0 X \$0 = \$0	
<b>SUBTOTAL (2) (\$)</b>		<b>0</b>	
<b>3. SMALL ENTITY FEE DIFFERENCES</b>			
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (3) (\$)</b>		<b>1,280</b>	

\*\*or number previously paid, if greater; For Reissues, see above

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)**

1,280

(Complete if applicable)

Name (Print/Type)	Jonathan D. CUTLER, Esq.	Registration No. (Attorney/Agent)	40 576	Telephone 1-450-461-7700
Signature			Date	May 6/04

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